

**MOTOR VEHICLE BUSINESS OFFSITE
LICENSE APPLICATION**

State Form 43595 (R / 2-96)

Approved by State Board of Accounts, 1989

STATE OF INDIANA - BUREAU OF MOTOR VEHICLES - DEALER SECTION - 6400 E. 30TH STREET, INDIANAPOLIS, IN 46219

FOR BUREAU USE ONLY

Dealer number

License fee	
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\$25.00

INSTRUCTIONS: This form must be completed and local zoning compliance must be obtained. Failure to provide any information may prevent this form from being processed. Upon completion, this form will be treated as a PUBLIC RECORD.

1. Business name in which license will be issued		Telephone number ()	
Business address (<i>street, city, state, ZIP code</i>)			
2. Temporary location (<i>street, city, ZIP code</i>)			
3. Dealer number (<i>if out of state dealer, give state of licensure</i>)		4. Retail merchant's certificate number	
5. Duration of event (<i>not to exceed 10 days</i>) From: _____ To: _____		6. Type of event	
7. Indicate the type of premises at which the event will be held <input type="checkbox"/> Building <input type="checkbox"/> Tent <input type="checkbox"/> Open Parking Area <input type="checkbox"/> Other (<i>explain</i>) _____			
8. Indicate whether applicant is: 1. <input type="checkbox"/> Sole Proprietorship 2. <input type="checkbox"/> Partnership 3. <input type="checkbox"/> Corporation			
9. List the names, titles, home addresses and home telephone numbers of all owners, if sole proprietorship; all partners, if partnership; and all officers and directors, if corporation.			
NAME	TITLE	HOME ADDRESS	HOME TELEPHONE
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			()
			()
			()
			()

TO BE COMPLETED BY LOCAL ZONING AGENCY

I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting Motor Vehicle Business at the temporary location cited above.

Name (signature)	Date signed (mo., day, yr.)
Name of authorizing agency	
Title	

I hereby certify, under penalty of perjury, that I am authorized to make this application and that the answers and information in this application are true and correct.

Date (month, day, year)	Signature of owner, partner, or officer
Title	Print or type name

APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER